Case 2:16-cy-05905-GAM Document 2 Filed 02/16/17 Page 1 of 1 USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Jnited States of America							COURT CASE NUMBER 16-05905			
DEFENDANT WILLIAM P. FOOTE							TYPE OF PROCESS Complaint and Summons			
-	SCHORRATIER FORD, COMP CONSIDER THE TENDER FOR EACH SECONDERN WILLIAM P. FOOTE									
SERVE AT	CAPPEND	ERTED: OHRE	33/ 3pp rtmen	t No., City, State a	nd ZIP code) a, PA 19145		The state of the s	F74		
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW							of process to be th this Form 285	70 CO		
KML Law Group, P.C. 701 Market Suite 500 Philadelphia, PA 19106						Number o	of parties to be this case		N PA	
						Check for service on U.S.A.				
PECIAL INSTRUCT					IN EXPEDITING SE	ERVICE (<u>I</u>	nclude Business a	nd Alterna	te Addresses.	
Please serve De	fendant or p	erson in cl	narge.							
orginature of Attorney office Originator requesting service behalf of.						215-62		1	OATE ./25/17	
And the second s	manner a delibera comia el fectora acces	The state of the s	Designation of the second	to a few managements of the second	NLY- DO NO	-2	HAVE THE RESERVE	V THIS	1.2 pm	
I acknowledge receipt for the total mumber of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve No					Signature of Authorized USMS Deputy or Clerk			1/26/17		
I hereby certify and roon the individual, co	etum that I 🔲 b mpany, corporati	ave personally on, etc., at the	served ,	have legal evidence vn above on the on	e of service, 🗷 have the individual , compa	executed as	s shown in "Remari tion, etc. shown at	cs", the pro the address	cess described inserted below.	
I hereby certify	and return that I	um unable to k	cate the indi	vidual, company, c	orporation, etc. named	above (See	remarks below)			
Name and title of individual served (if not shown above)							A person of suitable age and discretion fiben residing in defendant's usual place of abode			
Address (complete only different than zhown above)							Date	Time	□ am □ pm	
							Signature of U.S. M	Aarshal or l	Deputy	
	otal Mileage Chi actuding ondone		ling Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)				
: 1							\$0.00			
REMARKS:	, .	_					_			
INMATE 1	a busines	show	NO C	instruT	3. Deroxa Le Cord, TR	2/8/17 Avelle	l to SGI	to ve	rify no	

- 2. USMS RECORD 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285

Rev. 12/80